



PATENT

Attorney Docket: 2448 DIV CON 8  
(203-2626 DIV CON VIII)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Lee Bolduc et al.

EXAMINER: Diane D. Yabut

SERIAL NO.: 10/755,427

ART UNIT: 3734

FILED: January 12, 2004

DATED: January 11, 2008

FOR: SURGICAL HELICAL FASTENER WITH APPLICATOR

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE FEE OR RATE FEE	ADDIT. FEE
TOTAL	19	MINUS 20	= 0	X 25 \$	X 50 \$ 0.00
INDEP.	2	MINUS 3	= 0	X 100 \$	X 200 \$ 0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				X 180 \$ _____	X 360 \$ 0.00
				TOTAL	OR TOTAL \$ 0.00
				<u>ADDIT. FEE</u>	<u>\$ 0.00</u>

No additional fee is required.

\* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop Amendment, Commissioner for Patents, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 on January 11, 2008.

Dated: January 11, 2008

  
Dana A. Brussel

Dana A. Brussel

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Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



Dana A. Brussel  
Reg. No. 45,717  
Attorney for Applicants

Carter, DeLuca, Farrell & Schmidt, LLP  
445 Broad Hollow Road, Suite 225  
Melville, New York 11747  
Tel.: (631) 501-5700  
Fax: (631) 501-3526

Correspondence address:

Chief Patent Counsel  
Covidien  
60 Middletown Avenue  
North Haven, CT 06473



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**AMENDMENT**

Sir:

In response to the Office Action mailed on October 30, 2007, please amend the above-identified application as follows:

**Amendments to the claims** are reflected in the Listing of Claims which begins on page 2 of this paper.

**Remarks** begin on page 6 of this paper.

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